U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

O'LM5				
1. File Number U - 11671	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 30 / 2004			
,				
Name and address of person filing.	Name, file number, and address of labor organization.			
Name John M Satterfield	Name IBEW Local Union 639			
	Labor Organization File Number 025-310			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6363 Edna Road	Street 6363 Edna Road			
City San Luis Obispo	City San Luis Obispo, CA			
State California ZIP Code + 4 93401	State California ZIP Code + 4 93401			
. Position in labor organization. Organizer				
(except as specified in the ex	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of cation represents or is actively seeking to represent.			
Enter appropriate data below if, during the past fiscal year, you or your s (except as specified in the ex A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiza	or derived income or other economic benefit of cation represents or is actively seeking to represent.			
(except as specified in the except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, anonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of			
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(except as specified in the exc. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 Signature and verification. The undersigned declares, under penalty	or derived income or other economic benefit of ration represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the			
(except as specified in the ex A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	or derived income or other economic benefit of ration represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing John Satterfield	rson Filing John Satterfield		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name n/a	a. Labor Organization b. Trust c. Employer				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name SLO Labor Management Cooperation Committee	N/A				
Trade Name, if any: SLO LMCC			The state of the s		
P.O. Box, Bldg., Room No., if any					
Street 6363 Edna Road	11.b. Approximate dollar valu	e of such dealing.	\$0		
City San Luis Obispo	12.a. Nature of interest held or income received.				
State California ZIP Code + 4 93401	Reimbursement of fee for California State Electrical Certification Exam and reimbursement reimbursement of meeting expenses				
	12.b. Amount.	respective and respect to the state of the s	\$185		
			Control of the contro		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		Termendanten () () () () () () () () () (
Name			20 Mary 1990		
Trade Name, if any:			WOOD VALUE		
P.O. Box, Bldg., Room No., if any		÷			
Street					
City			or many history		
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				